

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Anna M. Aiello

Write the full name of each plaintiff.

EEOC16G-2022-  
00484

CV

(Include case number if one has been  
assigned)

case #  
10214344

Do you want a jury trial?

Yes  No

NYS Office of Mental  
Health, Pilgrim Psychiatric  
Center, Brentwood, NY

Write the full name of each defendant. The names listed  
above must be identical to those contained in Section I.

**EMPLOYMENT DISCRIMINATION COMPLAINT**

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Anna</u>	<u>M</u>	<u>Aiello</u>
First Name	Middle Initial	Last Name
<u>98 Ocean Avenue</u>		
Street Address		
<u>Suffolk, Center Moriches NY</u>		<u>11934</u>
County, City	State	Zip Code
<u>631 949-3003</u>	<u>sunshinenys@gmail.com</u>	
Telephone Number	Email Address (if available)	

### B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	<u>NYS Office of Mental Health</u>		
Name	<u>Pilgrim Psychiatric Center</u>		
Address where defendant may be served			
<u>Albany</u>	<u>NY</u>	<u>12229</u>	
County, City	State	Zip Code	

Defendant 2:			
Name			
Address where defendant may be served			
County, City	State	Zip Code	

Defendant 3:

Name \_\_\_\_\_

Address where defendant may be served \_\_\_\_\_

County, City	State	Zip Code
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## II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:  
 Name NYS Office of Mental Health, Pilgrim Psychiatric  
Center, 998 Crooked Hill Road, Brentwood,  
 Address Suffolk, Brentwood NY Zip Code 11717-1087  
 County, City Brentwood State NY

## III. CAUSE OF ACTION

### A. Federal Claims

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

race: \_\_\_\_\_

color: \_\_\_\_\_

religion: I was denied a religious exemption or reasonable accommodation.

sex: \_\_\_\_\_

national origin: \_\_\_\_\_

**42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: \_\_\_\_\_

**Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: \_\_\_\_\_

**Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: \_\_\_\_\_

**Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: \_\_\_\_\_

**Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

#### B. Other Claims

In addition to my federal claims listed above, I assert claims under:

**New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status

**New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status

Other (may include other relevant federal, state, city, or county law): \_\_\_\_\_

#### IV. STATEMENT OF CLAIM

##### A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- did not hire me
- terminated my employment permanently suspended w/out pay
- did not promote me
- did not accommodate my disability
- provided me with terms and conditions of employment different from those of similar employees
- retaliated against me
- harassed me or created a hostile work environment
- other (specify): required a covid vaccination when throughout my employment, I was only required to complete a religious exemption form to not take flu shot, Hep.B, etc.

##### B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) because of your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

My employment record was stellar and then I was required to take the covid vaccine. For years, I did not take the required flu vaccine by simply completing a religious exemption form and wearing a surgical mask from November to May every year. Although I was instructed to submit a religious exemption form, it was not honored nor was I given a reasonable

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

accommodation. However, during the pandemic, a reasonable accommodation was required which was for me to work from home and perform telehealth with clients. I offered to do alternative work + less pay and/or work from home yet I was told it was hardship for OMH.

## V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? \_\_\_\_\_

No

Have you received a Notice of Right to Sue from the EEOC?

Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 9/28/22

When did you receive the Notice? 10/1/22

No

## VI. RELIEF

The relief I want the court to order is (check only those that apply):

direct the defendant to hire me

direct the defendant to re-employ me

direct the defendant to promote me

direct the defendant to reasonably accommodate my religion

direct the defendant to reasonably accommodate my disability

direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

vested health insurance employee share benefits  
retirees

## VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

12-27-22

Dated

Anna

First Name

Middle Initial

Plaintiff's Signature

Aiello

Last Name

Street Address

Suffolk, Center Moriches NY 11934

County, City

State

Zip Code

631 949 3003

sunshinenys@gmail.com

Telephone Number

Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes  No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.



## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

New York District Office  
33 Whitehall St, 5th Floor  
New York, NY 10004  
(929) 506-5270  
Website: [www.eeoc.gov](http://www.eeoc.gov)

### **DETERMINATION AND NOTICE OF RIGHTS**

(This Notice replaces EEOC FORMS 161 & 161-A)

**To:** Anna Aiello  
98 Ocean Avenue  
Center Moriches, NY 11934

Issued On: 09/28/2022

Charge No: 16G-2022-00484

EEOC Representative and email: Holly Shabazz  
S/L Program Manager  
**HOLLY.SHABAZZ@EEOC.GOV**

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### **DETERMINATION OF CHARGE**

The EEOC issues the following determination: The EEOC will not proceed further with its investigation and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated your charge.

### **NOTICE OF YOUR RIGHT TO SUE**

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, **your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice**. Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission,

Digitally Signed By: Timothy Riera  
09/28/2022

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Timothy Riera  
Acting District Director